

226548

CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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CLERK'S OFFICEDATE: 10-26-10Docket ~~1984-24-T~~
2010-201-T

I have the following Certificate:

☒ Class C Taxi # 3986
☐ Class C Charter # _____
 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my certificate:

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☐ Name Change

From: _____ DBA: ORS T.T.W.W.W
 (Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
 (New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
 (Current Scope) (New Scope)

☒ Passenger Limit

From: (5) Five To: (7) Seven
 (Current Limit Number) (New Limit Number)

Yellow Cab of Conway LLC
David T. Willon's Sr.
 Name & DBA if DBA is applicable

1818 North Main Street
 (Street and/or Mailing Address)

Conway S.C. 29526
 (City, State, Zip Code)

Francis New
 (Signature)

213-248 9069
 (Telephone Number)

Manager
 (Title) Owner, President, etc.

Yellow Cab
1818 Main Street
Conway, S. C. 29526
(843) 248-9069
Fax (843)248-6439

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ORS
T,T,W,W/W

Facsimile Transmittal

To: Carroll Fax # 803-737-0815
From: Yellow Cab of Conway Date: Time:
Re Attn: Chris Weir # of Pages: 2

NOTES:

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